

| POSITION                         | INITIALS | ID NO. | DATE |
|----------------------------------|----------|--------|------|
| <b>FEE DETERMINATION</b>         |          |        |      |
| <b>O.I.P.E. CLASSIFIER</b>       |          |        |      |
| <b>FORMALITY REVIEW</b>          |          |        |      |
| <b>RESPONSE FORMALITY REVIEW</b> |          |        |      |

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim | Final<br>Original | Date |
|-------|-------------------|------|
| 1     | 1                 | ✓    |
| 2     | 2                 |      |
| 3     | 3                 |      |
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| 12    | 12                |      |
| 13    | 13                | ✓    |
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| Claim | Final<br>Original | Date |
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| Claim | Final<br>Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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